

PTO/SB/21 (09-04)

Approved for use through 07/31/2008 OMB 0851-0031

U S Patent and Trademark Office; U S DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission

Application Number	10/648,972
Filing Date	August 22, 2003
First Named Inventor	Steve Raby
Art Unit	3726
Examiner Name	Jermie E Cozan
Attorney Docket Number	DKT03002US

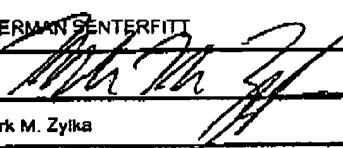
RECEIVED
CENTRAL FAX CENTER

MAR 22 2006

13

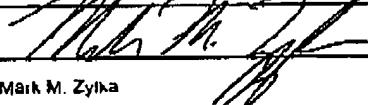
ENCLOSURES (Check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance Communication to TC
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Amendment/Reply	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)
<input checked="" type="checkbox"/> <input checked="" type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> <input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation	<input type="checkbox"/> Status Letter
<input checked="" type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Change of Correspondence Address	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	<input type="checkbox"/> RCE Transmittal (2 copies)
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Request for Refund	<input type="checkbox"/> Duplicate copy of Petition for Extension of Time
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> Landscape Table on CD
<input type="checkbox"/> Reply to Missing Parts/ Incomplete Application	Remarks	
<input type="checkbox"/> <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	Please charge any additional fees which may be required, or credit any overpayment, to Deposit Account No 50-0951	

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	AKERMAN SENTERFITT		
Signature			
Printed name	Mark M. Zyka		
Date	March 22, 2006	Reg. No.	48,518

CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:

Signature			
Type or printed name	Mark M. Zyka	Date	March 22, 2006

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to the (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2

PTO/SB/17 (12-04)
Approved for use through 07/31/2008. OMB 0651-0032
U.S. Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no burdens are required to respond to a collection of information unless it displays a valid OMB control number.

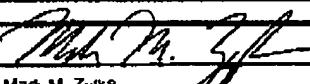
<p style="margin: 0;">Effective on 12/08/2004 Fees pursuant to the Consolidated Appropriations Act, 2006 (H.R. 4818)</p> <p style="margin: 0;">FEE TRANSMITTAL For FY 2005</p> <p style="margin: 0;"><input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27</p>		<p style="margin: 0; font-weight: bold;">Complete if Known</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Application Number</td> <td style="width: 50%;">10/646,872</td> </tr> <tr> <td>Filing Date</td> <td>August 22, 2003</td> </tr> <tr> <td>First Named Inventor</td> <td>Steve Rody</td> </tr> <tr> <td>Examiner Name</td> <td>Jermie E. Cozart</td> </tr> <tr> <td>Art Unit</td> <td>3728</td> </tr> <tr> <td>Attorney Docket No.</td> <td>DKT03002US</td> </tr> </table>		Application Number	10/646,872	Filing Date	August 22, 2003	First Named Inventor	Steve Rody	Examiner Name	Jermie E. Cozart	Art Unit	3728	Attorney Docket No.	DKT03002US
Application Number	10/646,872														
Filing Date	August 22, 2003														
First Named Inventor	Steve Rody														
Examiner Name	Jermie E. Cozart														
Art Unit	3728														
Attorney Docket No.	DKT03002US														
<p style="margin: 0;">TOTAL AMOUNT OF PAYMENT (\$ 1,810.00)</p>															

RECEIVED
CENTRAL FAX CENTER

MAR 22 2006

<p style="margin: 0; font-weight: bold;">METHOD OF PAYMENT (check all that apply)</p> <p style="margin: 0;"><input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> None <input type="checkbox"/> Other (please identify): _____</p> <p style="margin: 0;"><input checked="" type="checkbox"/> Deposit Account Deposit Account Number 50-0951 Deposit Account Name AKERMAN SENTERFITT</p> <p style="margin: 0;">For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)</p> <p style="margin: 0;"><input checked="" type="checkbox"/> Charge fee(s) indicated below <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee</p> <p style="margin: 0;"><input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) <input checked="" type="checkbox"/> Credit any overpayments</p>	
<p style="margin: 0;">WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038</p>	

<p style="margin: 0; font-weight: bold;">FEE CALCULATION</p> <p style="margin: 0; font-weight: bold;">1. BASIC FILING, SEARCH, AND EXAMINATION FEES</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th rowspan="2" style="width: 20%;">Application Type</th> <th colspan="2" style="width: 30%;">FILING FEES</th> <th colspan="2" style="width: 30%;">SEARCH FEES</th> <th colspan="2" style="width: 20%;">EXAMINATION FEES</th> </tr> <tr> <th style="width: 15%;">Fee (\$)</th> <th style="width: 15%;">Small Entity Fee (\$)</th> <th style="width: 15%;">Fee (\$)</th> <th style="width: 15%;">Small Entity Fee (\$)</th> <th style="width: 15%;">Fee (\$)</th> <th style="width: 15%;">Small Entity Fee (\$)</th> </tr> </thead> <tbody> <tr> <td>Utility</td> <td>300</td> <td>150</td> <td>500</td> <td>250</td> <td>200</td> <td>100</td> </tr> <tr> <td>Design</td> <td>200</td> <td>100</td> <td>100</td> <td>50</td> <td>130</td> <td>65</td> </tr> <tr> <td>Plant</td> <td>200</td> <td>100</td> <td>300</td> <td>150</td> <td>160</td> <td>80</td> </tr> <tr> <td>Reissue</td> <td>300</td> <td>150</td> <td>500</td> <td>250</td> <td>600</td> <td>300</td> </tr> <tr> <td>Provisional</td> <td>200</td> <td>100</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> </tr> </tbody> </table>		Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Utility	300	150	500	250	200	100	Design	200	100	100	50	130	65	Plant	200	100	300	150	160	80	Reissue	300	150	500	250	600	300	Provisional	200	100	0	0	0	0
Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES																																												
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)																																											
Utility	300	150	500	250	200	100																																											
Design	200	100	100	50	130	65																																											
Plant	200	100	300	150	160	80																																											
Reissue	300	150	500	250	600	300																																											
Provisional	200	100	0	0	0	0																																											
<p style="margin: 0; font-weight: bold;">2. EXCESS CLAIM FEES</p> <p style="margin: 0; font-weight: bold;">Fee Description</p> <p style="margin: 0;">Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent <input type="checkbox"/> Small Entity Fee (\$ 50) <input type="checkbox"/> Fee (\$ 25)</p> <p style="margin: 0;">Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent <input type="checkbox"/> Small Entity Fee (\$ 200) <input type="checkbox"/> Fee (\$ 100)</p> <p style="margin: 0;">Multiple dependent claims <input type="checkbox"/> Small Entity Fee (\$ 360) <input type="checkbox"/> Fee (\$ 180)</p> <p style="margin: 0;">Total Claims <input type="checkbox"/> Extra Claims <input type="checkbox"/> Fee (\$) <input type="checkbox"/> Fee Paid (\$) <input type="checkbox"/> Multiple Dependent Claims <input type="checkbox"/> Fee (\$) <input type="checkbox"/> Fee Paid (\$)</p> <p style="margin: 0;">- 20 or MP = * = MP = highest number of total claims paid for, if greater than 20</p> <p style="margin: 0;">Indep. Claims <input type="checkbox"/> Extra Claims <input type="checkbox"/> Fee (\$) <input type="checkbox"/> Fee Paid (\$) - 3 or MP = * = MP = highest number of independent claims paid for, if greater than 3</p>																																																	
<p style="margin: 0; font-weight: bold;">3. APPLICATION SIZE FEE</p> <p style="margin: 0;">If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 20%;">Total Sheets</th> <th style="width: 20%;">Extra Sheets</th> <th style="width: 20%;">Number of each additional 50 or fraction thereof</th> <th style="width: 20%;">Fee (\$)</th> <th style="width: 20%;">Fee Paid (\$)</th> </tr> </thead> <tbody> <tr> <td>- 100 =</td> <td>/ 50 =</td> <td>(round up to a whole number) x</td> <td>=</td> <td></td> </tr> </tbody> </table>		Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)	- 100 =	/ 50 =	(round up to a whole number) x	=																																							
Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)																																													
- 100 =	/ 50 =	(round up to a whole number) x	=																																														
<p style="margin: 0; font-weight: bold;">4. OTHER FEE(S)</p> <p style="margin: 0;">Non-English Specification, \$130 fee (no small entity discount)</p> <p style="margin: 0;">Other, RCE fee (\$790.00 + 3 mo. extension of time fee (\$1,020.00) <input type="checkbox"/> Fees Paid (\$ 1,810.00)</p>																																																	

<p style="margin: 0;">SUBMITTED BY</p>	
Signature	
<p style="margin: 0;">Registration No 48,518 (Attorney/Agent)</p>	
<p style="margin: 0;">Name (Print/Type) Mark M. Zylka <input type="checkbox"/> Date March 22, 2006</p>	

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9799 and select option 2.